Life and AD&D Insurance

Your life insurance benefits include five options to allow you to cover yourself, your spouse or Washington State-registered domestic partner, and your children. As an employee, your basic life insurance covers you and pays your designated beneficiaries in the event of your death. Accidental death and dismemberment (AD&D) insurance provides extra benefits for certain injuries or death resulting from an accident.

Life and AD&D insurance is available to PEBB benefits-eligible state and higher-education employees, as well as employees who work for a K-12 school district, educational service district, or employer group that offers both PEBB medical and dental coverage.

What life and AD&D insurance does PEBB offer?

PEBB offers \$25,000 of basic life insurance and \$5,000 basic AD&D insurance (called **Part A—Basic Term Life and AD&D Insurance for Employees**) as part of your benefits package, at no cost to you.

In addition, PEBB offers optional life insurance for you to purchase:

- Part B—Basic Dependent Term Life Insurance: \$2,500 for your spouse or Washington State-registered domestic partner, and \$2,500 for each unmarried dependent child. Covers death from any cause. You pay \$0.50 per family per month, regardless of the number of dependents.
- Part B—Supplemental Spouse Term Life Insurance: If you enroll your spouse or Washington

State-registered domestic partner in Part B Basic Dependent Term Life Insurance, you may apply for additional amounts of Supplemental Spouse Term Life Insurance in \$1,000 increments (up to one-half of the amount of life insurance you obtain for yourself under Part C and Part D combined), rounded up to the next \$1,000.

- Part C—Optional Term Life
 Insurance for Employees: You
 may choose any amount in \$1,000
 increments from one-half of your
 annual salary up to the amount of
 your annual salary (both rounded
 up to the nearest \$1,000). You may
 also request to have Part C coverage
 automatically increase as your pay
 increases. Part C covers death from
 any cause.
- Part D—Supplemental Term Life Insurance for Employees: You may apply for additional amounts in \$1,000 increments from \$1,000 to \$350,000. Part D covers death from any cause.
- Part E—Voluntary AD&D Insurance: You may enroll in Part E AD&D coverage in multiples of \$25,000 (\$25,000 minimum) up to \$250,000 for accidental death and dismemberment. Part E does not cover deaths and dismemberments from other causes.

If you select voluntary dependents' AD&D coverage in addition to your own, your spouse or Washington State-registered domestic partner will be insured for 50% of your benefit if you have no dependent children. If you have children, your spouse or partner will be insured for 40% and each dependent child for 5% of your benefit. If you have no

spouse or partner, each dependent child will be insured for 10% of your benefit. This dependent coverage does not reduce your coverage.

When can I enroll?

You may enroll **no later than 60 days** after becoming eligible for PEBB benefits (generally your first day of employment) for the following coverage, without providing evidence of insurability:

- Part B—Basic Dependent Life Term Insurance
- Part B—Supplemental Spouse Term Life Insurance (up to \$25,000)
- Part C—Optional Term Life Insurance for Employees
- Part D—Supplemental Term Life Insurance for Employees (up to \$50,000)
- Part E—Voluntary AD&D Insurance

You must provide evidence of insurability to ReliaStar Life if you:

- Apply after 60 days of your initial eligibility;
- Request more than \$25,000 in Part B—Supplemental Spouse;
- Request automatic increases to Part C—Optional Term Life Insurance for Employees after 60 days of eligibility; or
- Request more than \$50,000 in Part D—Supplemental Term Life Insurance for Employees.

ReliaStar Life must approve your request before you will have coverage.

How do I enroll?

If applying within 60 days of initial eligibility for PEBB benefits, complete and submit the *Life Insurance Enrollment Form* (found in the back of this booklet) to your employer's personnel, payroll, or benefits office. If applying for Part B or Part D coverage that requires evidence of insurability, you must also complete the *Life Insurance Evidence of Insurability Form* (found on PEBB's website at

www.pebb.hca.wa.gov under Forms).

If applying after 60 days of your initial eligibility for PEBB benefits, you must complete the *Life Insurance Change Form* and *Life Insurance Evidence of Insurability Form.* Submit the change form to your employer's personnel, payroll, or benefits office, and the evidence of insurability form to ReliaStar Life.

For questions about enrollment, contact your employer's personnel, payroll, or benefits office. If you need additional information, contact ReliaStar Life Insurance Company at 1-866-689-6990.

PEBB group term insurance coverage is offered through ReliaStar Life Insurance Company, a member of the ING family of companies. This is a summary. To see the certificate of coverage or to get forms, either:

- Go to www.pebb.hca.wa.gov, select Publications (for the certificate of coverage) or Forms; or
- Contact your employer's personnel, payroll, or benefits office.

Premium Rates

Part B Supplemental, Part C Optional, and Part D Supplemental Insurance						
	COST PER \$1,000 PER MONTH					
Employee's age	Non-smoker	Smoker				
Less than 25	\$0.028	\$0.036				
25–29	0.030	0.044				
30–34	0.034	0.058				
35–39	0.042	0.066				
40–44	0.064	0.074				
45–49	0.092	0.112				
50–54	0.144	0.170				
55–59	0.268	0.318				
60–64	0.412	0.484				
65–69	0.760	0.932				
70+	1.134	1.514				

Your premium rate changes to the next higher rate as you reach each new age bracket.

Part F —	Accidental	Death and	Dismem	herment	Insurance

		Coverage your spouse or Washington state- registered domestic partner would have		Coverage your children would have			
Employee AD&D benefit	Cost to cover only yourself	Cost to cover you & your dependents	With no children	With children	If you have a spouse or Washington state- registered domestic partner	If you have no Spouse or Washington state- registered domestic partner	
\$ 25,000	\$0.20	\$0.30	\$12,500	\$10,000	\$1,250	\$2,500	
50,000	0.40	0.60	25,000	20,000	2,500	5,000	
75,000	0.60	0.90	37,500	30,000	3,750	7,500	
100,000	0.80	1.20	50,000	40,000	5,000	10,000	
125,000	1.00	1.50	62,500	50,000	6,250	12,500	
150,000	1.20	1.80	75,000	60,000	7,500	15,000	
175,000	1.40	2.10	87,500	70,000	8,750	17,500	
200,000	1.60	2.40	100,000	80,000	10,000	20,000	
225,000	1.80	2.70	112,500	90,000	11,250	22,500	
250,000	2.00	3.00	125,000	100,000	12,500	25,000	
Rates shown are guaranteed through January 1, 2012.							